

Dept. Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037263
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marnville</u>		c. CITY OR TOWN <u>Bedford</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If outside, give location) <u>8140 Mason Township</u>	
Length of stay in lb <u>36 hrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Dale</u> Middle <u>Henry</u> Last <u>Sleep</u>			4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/10/1900</u>		9. AGE (In years (last birthday)) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Taylor County, Iowa / U.S.A.</u>	

13a. FATHER'S NAME <u>John M. Sleep</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Weingarth</u>		14. NAME OF HUSBAND OR WIFE <u>Vera</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>485-44-3050</u>		17. INFORMANT Address <u>Vera Sleep Bedford, Iowa</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Crushed thorax, puncture of left lung + mediastinal laceration with shock.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>lung + mediastinal laceration</u>			
DUE TO (c) <u>with shock.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car wreck - head on collision</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>814</u> COUNTY _____ STATE _____	
21. I attended the deceased from <u>Oct 11-1958</u> , to <u>Oct 12-1958</u> and last saw ^{her} him alive on <u>Oct 12 1958</u> Death occurred at _____ <u>7 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Marnville Mo</u>		22c. DATE SIGNED <u>10/19/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/15/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sion Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sion Iowa</u>	
24. FUNERAL DIRECTOR <u>From E. Wetmore, Jr. Bedford, Ia.</u>			25. DATE RECD. BY LOCAL REG. <u>10-25-1958</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank L. [Signature]*

Licensed Embalmer No. *4577*

P. O. Address *Bedford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.